

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)**

SERIAL NO. **09/914537** FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
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13	1		1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	10		17			
TOTAL CLAIMS	20		20			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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